

TAMALA HOLLAND
PARALEGAL SPECIALIST
designated office
(703) 305-5453

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.	10
TOTAL DEP.	24
TOTAL CLAIMS	34